

**Informational Triage Meeting with Law Enforcement**  
January 4, 2017

MHSOAC  
1325 J Street, Suite 1700  
Sacramento, CA 95814

**General Outline of Meeting**

**Participating Counties:**

**Fresno:** Captain Gregory Gularte; Janell Sidney Brown, MBA, Senior Staff Analyst, Department of Behavioral Health

**Los Angeles:** Lieutenant John Gannon, Sheriff's Department.

**Sacramento:** Cory Salzillo Legislative Director, California State Sheriffs' Association.

**San Bernardino:** Captain Horace Boatwright, Sheriff's Department; Detective Reggie Pahia, Sheriff's Department; Georgina Yoshioka, Interim Deputy Director, Department of Behavioral Health (DBH); Nancy Olsen Interim Program Manager, DBH; Julie Hale, Program Manager, DBH; Sarah Eberhardt-Rios, Assistant Director, DBH; Terry Fillman, Health Services Manager, DBH.

**Santa Barbara:** Bill Brown, Sheriff, MHSOAC Commissioner.

**Yolo:** Captain Carter Vaughn, Sheriff's Department; Mashan Wolfe, Planning and Research Analyst, Sheriff's Department.

**Staff Present:**

Toby Ewing, Ph.D., Executive Director;  
Norma Pate, Deputy Director, Program, Legislation, and Technology;  
Filomena Yeroshek, Chief Counsel;  
Tom Orrock, Triage Manager;  
Kristal Antonicelli, RFA Project Lead;  
Angela Brand, AGPA;  
Andrej Delich, AGPA;  
Matthew Lieberman, AGPA  
Cody Scott, Staff Services Analyst.

**Opening Comments**

Executive Director Toby Ewing opened the meeting. He gave a brief history of the Investment in Mental Health Wellness Act of 2013, also known as the "triage grants". He stated the purpose of the meeting is to discuss what is working and not working and how to improve programs. He also stated the concerns with implementation delays and data collection and evaluation. He opened the meeting to discussion.

## Open Discussion

The Following is a list of points of thought and ideas stated during the meeting. For the most part, these are itemized by county rather than by speaker. In some circumstances, the county was not recorded. In these instances, only the content is provided.

- Fresno County
  - Clinicians are useful
  - Commingled
  - Very good for officers to learn from clinicians, streamlined services and diversions, starting to work
  - Late start on grant - stats show promise but stats are not complete
  - Co-located in two cities, have seen drop, want more
  - Need to look at bigger picture - some crisis intervention training for all officers?
  - Step in the right direction
  - Janell - chiefs and officers that use program love it but some officers haven't experienced good qualities, more officers will be willing to use services
- Yolo County
  - Similar issues - taken officers to see success to latch on - perhaps due to it not coming from within
  - Need key people (LE) to get buy-in

Sheriff Brown of Santa Barbara County asked which counties in attendance provide Crisis Intervention Training (CIT).

- Fresno
  - Officers may not have time for training - need key people to encourage officers for training
    - Frontloading officers mandate
- Yolo - broke class up - 32 hours over a couple different weeks
  - Inside jail - all staff have CIT

Sheriff Brown stated that everyone does it differently. Santa Barbara has established a unit of specialized deputies to go through 40 hour training and are trying to get all officers through eight hour training.

Executive Director Ewing asked if triage programs are more effective when training for officers is put into effect ahead of time.

- Fresno
  - Need to know what resources (training) are available
  - Need buy-in
- San Bernardino
  - Triage fit nicely in continuum of care

- Had crisis system of care since 2005 - since that time they have done relationship building - worked very hard to build relationships - when leadership changes they have to have to start over unfortunately
- Commitment from county partners to make it work will make it work
- There was a perception that triage personnel would slow down the officers when called into the field (i.e. when a 5150 hold is needed)
- Once they see gains they are very excited - relationship building is so important
- Use of force training includes some CIT
- Be creative in how training is put out
- Sheriff mandated all deputies go through 32 hour training
- Teams of two in 18 locations. Total of 32 staff
- Staff needs to see it is effective to buy-in
- Need 24 hour coverage
- County mental health department needs to learn what officers go through
- Sacramento
  - Utilize triage navigators at point of entry
  - 2013 put together collaborative teams to develop two curriculum
  - Secured funding to put on regional training
  - Since 2014 put on 75+ trainings
  - Developed cohesive collaborative approach so officers understand that there are other people to count on to assist them in what they are trying to do
  - Mobile Crisis unit
  - More funding would ideal
  - Eight hour and 24 hour curriculum

Executive Director Ewing asked about the difficulties in starting the triage grant programs.

- Santa Barbara
  - Grant is for programs that can sustain themselves. Sustainability is a key issue
- San Bernardino
  - Admin costs, background checks, no vehicles
  - Challenge with co-location for people with “lived experience”
- Sacramento
  - Labor shortages pay big part in getting up and going
- Next grants should show flexibility in workforce shortages

Executive Director Ewing stated that some problems we cannot affect. He asked if it would be helpful for the Commission to document what has worked.

- Yolo
  - CIT are limited to where they can provide services. This is problematic when counties cross over, no continuity of service from county to county

Executive Director Ewing stated that smaller counties did not have as many resources as larger counties. He asked if the Commission should be looking for regional approaches.

- Resource base is so constrained that cross-county collaborative is hard

Executive Director Ewing asked if the Commission should put aside funds for regional collaboration.

- Create incentive to collaborate
- Santa Barbara
  - There should be something written to make it more collaborative

The open discussion continued. Executive Director Ewing asked if there was anything else anyone would like to add or discuss. The conversations and statements are reflected below in the order in which they happened.

- Are there prohibitions to support CIT training?
  - Deputy Director Pate stated that the funding is for triage workers
- How can implementation issues be mitigated?
  - Incentive for MOU in place
  - The use of well-document strategies could be used as a factor for scoring
- Detailed letters of support instead of MOU?
  - Would be much faster than a formal agreement
  - Put in application something that requests the steps taken to establish collaborative relationship
- MHSOAC struggled to present data to legislature due to vast evaluative markers and methods
- If CIT training is going to be successful and grants are supposed to benefit mental health system, flexibility around training, especially with law enforcement is necessary. Is there a way to build in CIT training?
- Should the MHSOAC explore whether we could provide margin of admin funds outside of 15% cap for CIT training?
  - Buy-in from LE is easier with that component
  - From a law enforcement standpoint it should be an easy sell because the benefits can be seen and it takes away strain from law enforcement, less so for behavioral health. Collaboration between the two is necessary for success

Ms. Antonicelli stated that the Forum on Triage would be held Monday, February 13, 2017.

Executive Director Ewing thanked everyone for participating and the meeting was adjourned.